Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003								2/43213					
· · · · · ·		CLAIMS AS	S FILED - PART I (Column 1) (Colu			mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			13				RA	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			13 - minus 20=		*Ø		X\$	9=		OR	X\$18=		
INC	EPENDENT CL	AIMS	2 - mir	nus3≃	*9		X42	2=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						+14	 0=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL		OR	TOTAL	750:		
6	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER SMALL	THAN	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HIGHEST NUMBER. PRESENT PREVIOUSLY EXTRA PAID FOR		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* 8	Minus	** 2	2	=/	X\$:	9≃		OR	X\$18=		
AME	Independent	ATATION OF M	Minus	***	S CLAIM	 	X42	<u> </u>	/.	OR	X84=		
	TINOT PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+14)=/		OR	+280 =		
							TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		. (Colur		(Column 3)	_						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	8ER DUSLY	PRESENT EXTRA	RAT	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	ENDENT CLAIA		=	X42	=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140)=		OR	+280=		
								TAL			TOTAL ADDIT. FEE		
ADDIT. FEE L (Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* '	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		[=	X42				X84=		
_	FIRST PRESE	NTATION OF M	JLTIPLE DEP]			OR	7.07-					
# If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the entry in corumn 1 is less than the entry in corumn 2, write "0" in corumn 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													

FORM PTO 875 (Rov. 12/02)

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.